U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 58///

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Walter E Stuart	Name united Food and Commercial Workers /ocal 1496 Labor Organization File Number 002580
P.O. Box, Bldg., Room No., if any Suite 200	P.O. Box, Building and Room Number, if any Suite 200
Street 501 W. Northerm lights Blvd.	Street 501 W. Northern lights Blud.
City Anchorage	City Anchorage
State A K ZIP Code + 4 9 9503	State
5. Position in labor organization. President	
Enter appropriate data below If, during the past fiscal year, you or your spond (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	lusions set forth in the instructions): r derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	nying documents), has been examined by the signatory and is, to the best of the
Signed Walter & Sheart	On 8/3 05 907-258-1496 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing	١	lame	of	Person	Filin	a
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Walter E Stuart

8. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any
Street 11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4 12.a. Nature of interest held or income received.
12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Chris Worley Trade Name, if any: Kennedy Assoc. P.O. Box, Bldg., Room No., if any Ste 2400 Street 1215 Fourth Ave City Seattle State Wa ZIP Code +4 98/61-1099
13.b. Is the Business an Employer or Consultant $\mathbb X$?

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19 Walter E Stuart

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name Paul Gurewitz	ang. 16 Fishing trip
Trade Name, if any: Victory capital	
P.O. Box, Bldg., Room No., if any Suite 200	
Street 3780 Kilton Airport way City Long Beach State CA ZIP Code + 4 90806	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filing

ng Walter E Stuart

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
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Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
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	12.b. Amount.		
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Trade Name, if any: Smith Banney		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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State W.A ZIP Code + 4 78/04-400/		to dia khim ungamu, a san saka at at at at at at at at a ta a a a a	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	55.00	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Aleska Afcw Trust Trade Name, if any: Welfare & Pension Services P.O. Box, Bldg., Room No., if any Box 34203 Street City Seattle State WA ZIP Code + 4 98124-1203	or other thing of value. 14.a. Nature of payment. MAL IS-16 Mtg Seattle Reimburse Travel expenses			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 869. 43			

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